



**PATIENT**

Nana VonKorff

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

75 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Callihan/PCMV

**HOSPITAL NAME**

Pacific Crest Mobile

**REFERRING VET**

Dr. Boekenoogen  
Nooksack AH

**INVOICE**

42524

**DATE**

1/4/23

**PRESENTING CLINICAL SIGNS**

History: Presented to primary care on 1/3 with complaint of lethargy, breathing hard, had tried to jump up (into vehicle I think) and missed, hit abdomen and seemed weak/wobbly after that. Note: the larger liver mass and a smaller one were FNA'd, cytology is pending. The free fluid was confirmed to be blood. After other scans were finished brought Nana back for a brief look at the heart and noted the pericardial effusion. Images are submitted separately (5 cardiac images, abd study w 35 images sent separately)

Abnormal PE/Chem/CBC/UA Results: Had full bloodwork which was remarkable only for HCT 25%, mild elev WBC, decreased PLT 84K. Brief in-house ultrasound showed a cavitated liver mass and lots of free fluid. She came back today for diagnostic ultrasound +/- FNA.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.7 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.59 cm. The right adrenal gland measured 0.55 cm.

**Spleen**

The **spleen** was enlarged, irregular and hypoechoic with nodular changes. Scalloping contour was noted.

**Liver**

The **liver** was riddled with multiple cavitated masses. The masses were surrounded by echogenic free fluid, likely owing to hemorrhage. The largest mass measured 6.0 cm with ill-defined margins. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**Free Abdomen**

Echogenic omentum was noted in the cranial abdomen owing to the free fluid and expansive hepatic and splenic pathology.

**Heart**

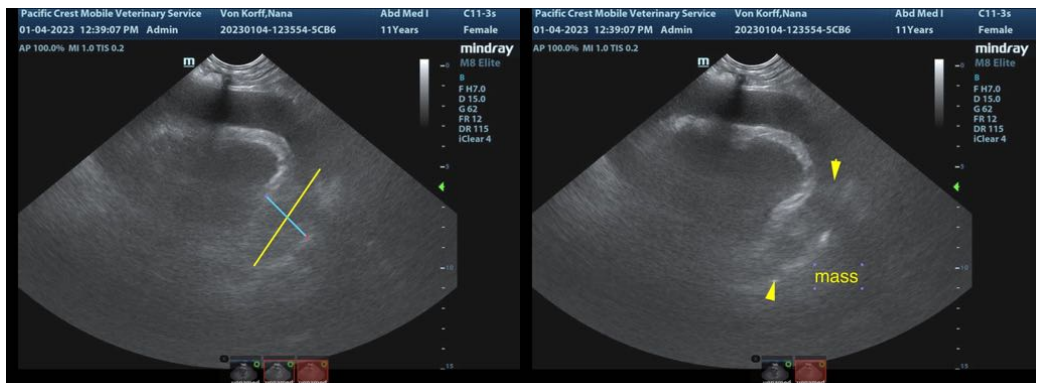
Rapid view of the heart revealed pericardial effusion with tissue thickening in the right auricle measuring 5.7 x 2.8 cm. This is strongly suggestive for metastatic disease. Approximately 1.5 cm wide of pericardial effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

Multi-centric abdominal hemangiosarcoma pattern with right auricular tissue thickening/mass

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate chemotherapeutic intervention could be considered as a palliative intervention, yet the prognosis is poor.





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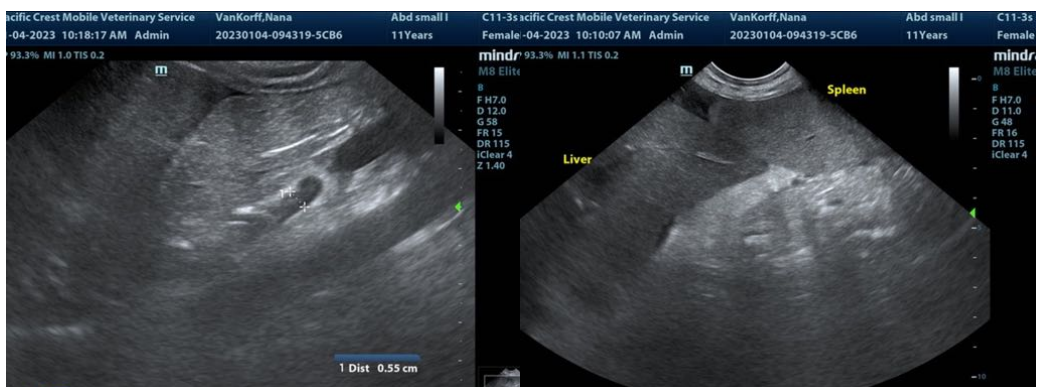
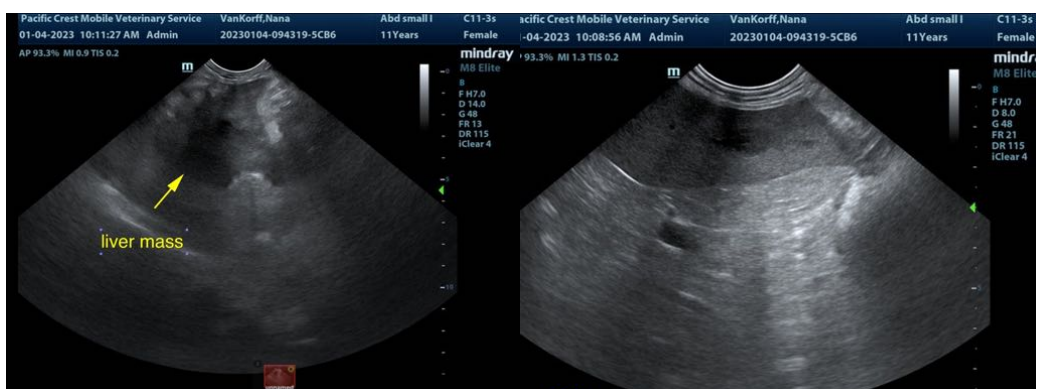
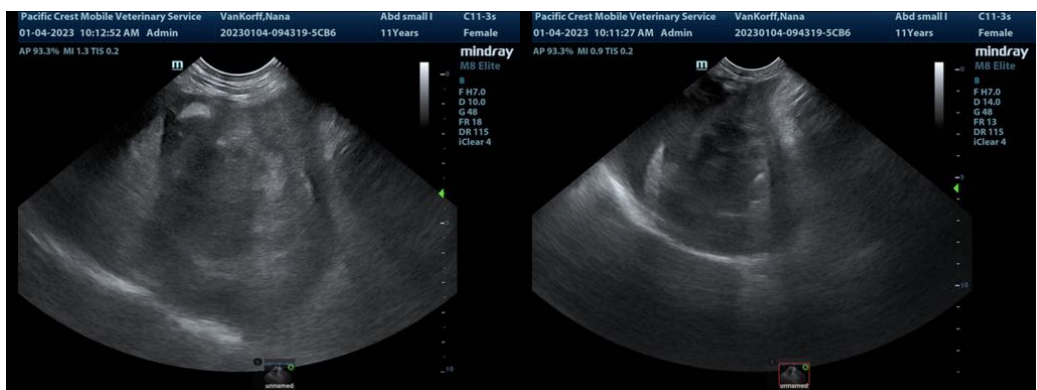
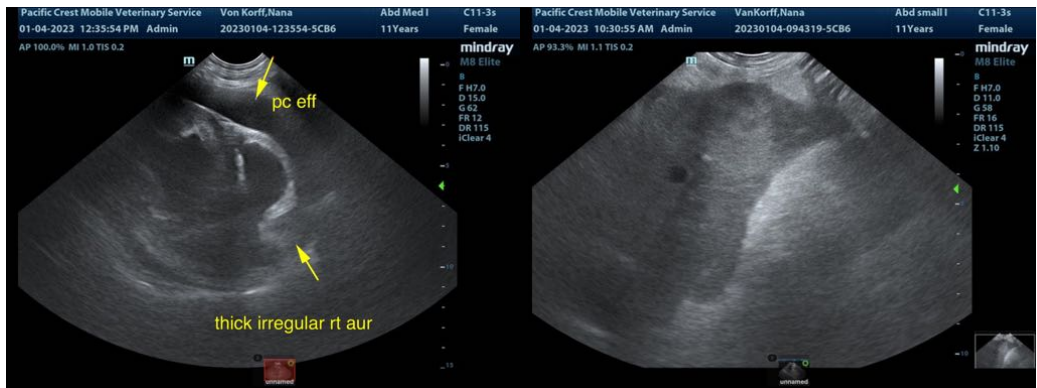
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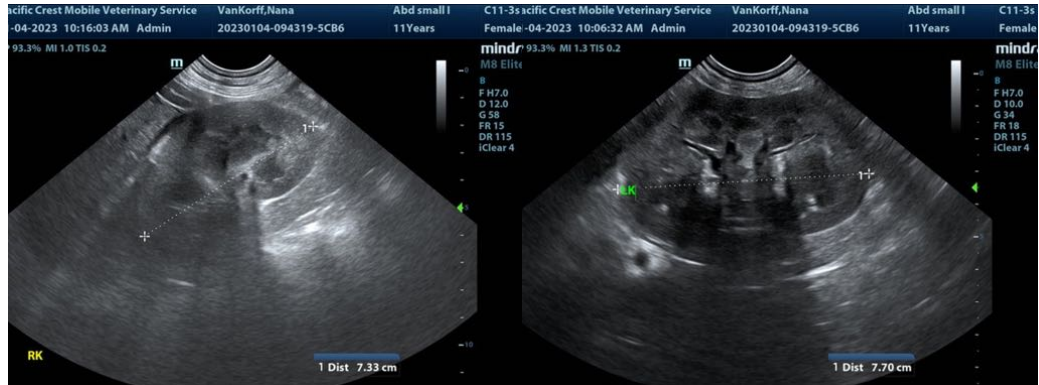
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com